

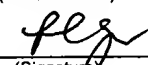


IF 1634

Atty. Dkt. No. 064189-0201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Heinz-Josef LENZ, et al.
Title: GENOMIC POLYMORPHISM
FOR PREDICTING
THERAPEUTIC RESPONSE
Appl. No.: 09/715,764
Filing Date: 11/15/2000
Examiner: Sitton, Jehanne Souaya
Art Unit: 1634
Conf. No.: 7045

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below. Esther Lily C. Esguerra (Printed Name)  (Signature) July 27, 2006 (Date of Deposit)

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	22	-	22	=	0	x	\$50.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:	+ \$360.00								= \$0.00
CLAIMS FEE TOTAL								=	\$0.00

08/01/2006 HGBREH1 00000042 09715764

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510.00 DP

SVCA_37636.1

☒ Declaration of Peter V. Danenberg Under 37 C.F.R. §1.132 and Curriculum Vitae.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	<u>\$1,020.00</u>
EXTENSION FEE TOTAL:		<u>\$1,020.00</u>
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	<u>\$0.00</u>
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		<u>\$1,020.00</u>
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		<u>\$510.00</u>
Extension Fees Previously Paid:		<u>\$0.00</u>
TOTAL FEE:		<u>\$510.00</u>


A credit card payment form in the amount of \$510.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: July 27, 2006

By 

FOLEY & LARDNER LLP
Customer Number: 38706
Telephone: (650) 251-1129
Facsimile: (650) 856-3710

Antoinette F. Konski
Attorney for Applicant
Registration No. 34,202